EPA

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY

(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act *(RCRA)*. Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

MDD041014242

INSTALLATION ADDRESS

ALLIED SIGNAL TECHNICAL SERVICE
ONE BENDIX RD
COLUMBIA , MD 21045
DANIEL WYCZALEK MGR FACILITIES

ONE BENDIX RD
COLUMBIA ,MD 21045

EPA Form 8700-12A (6-90)

PEGION

841 Chestnut Building
Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection [redacted] MDD 04 101 4747

DATE: 4/1/88

FROM: Vernon Butler, Environmental Engineer
DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

TO: FILE

RU: Chief
DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING THESE VIOLATIONS.

Attachment

Victoria P. Pratt
5/17/88

____ NRC NOTIFIED
(1-800-424-8802)

WASTE MANAGEMENT ADMINISTRATION
INCIDENT REPORT FORM

CI 0916-HO-0086

Received By: Butch Nye

Part I

A. INCIDENT NUMBER 87 (YR) 09 (MO) 16 (DAY) ____ (REGION) 0965 (SEQUENCE)
B. TIME NOTIFIED — 24 HOUR CLOCK
Spill: Yes ✓ No ____ If spill, give level: ____

C. LEVEL — 1 ✓ MINOR 2 ____ MEDIUM 3 ____ MAJOR (See Reverse)

D. NOTIFIER: Name DIVISION OF LABOR AND INDUSTRY Address 501 ST PAUL PLACE
Telephone 301-333-4100 BALTIMORE MD. 21202 (Zip)

E. LOCATION/ADDRESS OF INCIDENT
MEDIUM AFFECTED:
1 ____ Surface Water
2 ____ Air
3 ____ Soil/Paved
4 ✓ Groundwater
5 ____ See Part II

6 ROUTE 175 (Street/Cross Street)
JESSUP MD. (City)
HOWARD (County)
20794 (Zip)

F. RESPONSIBLE PARTY
MARYLAND HOUSE OF CORRECTION (Name)
RT #175 JESSUP MD. (Address)
20794 (Zip)
301 - 799 - 0100 (Area Code) (Telephone)

G. NATURE OF INCIDENT
1 ✓ Chemical WASTE Paint (Specify)
2 ✓ CHS ____ UN Number
3 ____ Landfill
4 ____ Point Source Discharge
5 ____ Storage Tank
6 ✓ Open Dumping
7 ____ Well Contamination
8 ____ Sedimentation
9 ____ Surface H_20 Quality
10 ____ Oil
11 ____ Transfer Operation
12 ____ Aquatic Kill
13 ____ Sludge/Sewage
14 ____ Compressed Gas Cylinder

H. CAUSE
1 ✓ Industrial
2 ____ Marine
3 ____ Transportation
4 ____ Mechanical Failure
5 ____ Operator Error
6 ____ Apparent Vandalism
7 ____ Mystery
8 ____ Other ____

I. MANIFEST
1 ____ Generator — MARYLAND HOUSE OF CORRECTION (Name) MDP000000 2581 (EPA ID No.)
2 ____ Hauler — ____ (Name) ____ (EPA ID No.)
3 ____ Disposal — ____ (Name) ____ (EPA ID No.)
4 ____ Other States
5 ____ N/A
6 ____ See Attachment

J. CLEAN UP: 1 ____ N/A
2 ____ State ____ (Organization) ____ (Person In Charge)
3 ____ Local ____ (Organization) ____ (Person In Charge)
4 ____ Industry ____ (Organization) ____ (Person In Charge)
5 ____ Contractor ____ (Organization) ____ (Person In Charge)

K. SPILL (Estimated Quantity)
1 ____ Potential ____
2 ____ Spilled ____
3 ____ Recovered ____
4 ____ N/A

L. COSTING
1 ____ Man-Hours ____ Hours
2 ____ Vehicle ____ Hours
3 ____ Total Incident Cost $____ (Supervisor)

M. CASE STATUS
1 ____ File Created/Open
2 ____ Closed
3 ____ Referred To Other Agency ____
4 ____ Rescheduled Previous Action
5 ____ Unfounded Complaint

N. PERSON(S) MAKING REPORT

O. REVIEWED FOR CLOSURE BY:

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations: _____ Date _____

Facility Name: _____

Remarks: _____

Observer: _____ Person Interviewed: _____

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations: RCRA Follow up. Date 11/19/87

Facility Name: ALLIED BENDIX ENGINEERING

Remarks: ONE BENDIX ROAD
COLUMBIA MD. 21045
MDD041014242

On September 24, 1987 this facility was inspected by this writer and ordered to build a containment area for the hazardous waste drums in such way that hazardous waste placed into them will not result in reaction or corrosion as required under COMAR 10.51.05.09. The facility was also ordered to plug the floor drains located inside the paint booth.

On July 20, 1987 the facility has requested the Department of the Environment a waiver past date of August 15, 1987 for their Alodine 1200 waste. This request was denied.

On the above date this writer made a follow up inspection and noted the following.

1. The Alodine 1200 waste is removed on October 26, 1987 by Ecolo Inc. on the manifest number 0119448 as hazardous waste liquid n.o.s. D007.

Since the last inspection this facility has removed a total of sixty @ 55 gallons of waste to Ecolo Inc.

The inspection of the premises also found the facility has corrected all the above mentioned violations. The containment area is built as required under COMAR 10.51.05.09. The floor drains are plugged.

Observer: [signature] Person Interviewed: [signature] 11/19/87 J. D. Gorman

DHMH 3879

FI-88-05-02-HO 0232

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

YR	MO	DY
88	05	02

DHS Inspection Form
Generators/TSD Facilities

SQG

TIME: 1030

EPA ID Number: MDD041014242

TELEPHONE: 301-964-7062

Owner/Operator: Bendix Field Engineering Facility Name ____

Address: One Bendix Rd., Columbia, MD Zip 21045-1897

Description of Work Activity: Field Engineering Work.

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ____Yes, ✓No.

2) Has the facility obtained an EPA identification number? ✓Yes, ____No.

3) Describe the amount of waste generated. (day, week or month) approx. [illegible]

4) Under which category is the waste(s)? ✓Ignitable ____Reactive ✓Corrosive ✓EP Toxic ____RCRA Listed , Toxic ✓

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓Yes, ____No.

2) Is TSD Facility to receive DHS identified by ✓Name, ✓Address, ✓EPA ID Number?

3) Is alternate facility identified? ____Yes, ✓No.

4) Is generator identified by ✓Name, ✓Address, ✓Telephone Number, ✓MD/EPA ID Number?

5) Is each transporter identified by ✓Name, ✓EPA ID Number, ✓Maryland Certification Number?

6) Is waste property described? ✓Yes, ____No.

7) Is shipment date marked? ✓Yes, ____No.

8) Is quantity of waste described by ✓Unit of Weight, ✓Volume?

9) Are containers to be loaded identified by ✓Type, ✓Number?

10) Is proper certification noted and signed by generator? ✓Yes, ____No.

11) Are adequate copies available for operator, transporter and TSD? ✓Yes, ____No.

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? -Yes ✓Yes, ~~✓~~No. If yes, has any waste been stored over 90 days? ____Yes, ____No. How much ____

2) Are containers in good condition? ✓Yes, ____No. If no, explain ____

3) Are containers properly labeled? ✓Yes, ____No.

4) Does generator have approved emergency contingency plan? ✓Yes, ____No.

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓Yes, ____No; copies of each Annual Report and Exception Report? ✓Yes, ____No.

2) Does the generator retain, for a period of three years, all wastes analyses? ✓Yes, ____No.

3) Has the generator filed Exception Reports as required by 10.51.03.06 C? ____Yes, ____No. N/A

II. Treatment, Storage, Disposal (TSD)

N/A

A. Site characterization (10.51.05.02)

1) Facility Type

____Thermal Treatment ____Biological Treatment
____Recycling/Recovery ____Land Treatment
____Waste Oil ____Incineration
____Chemical Treatment ____Landfill Operation
____Physical Treatment ____Below Ground Tanks
____Open Pile ____Other ____
____Surface Impoundment ____
____Drums ____
____Above Ground Tank(s) ____

2) Does facility generate DHS? ____Yes, ____No.

3) Does facility have waste analysis plan? ____Yes, ____No. If yes, are the procedures of that plan being followed? ____Yes, ____No.

4) Can facility personnel identify DHS being handled? ____Yes, ____No.

5) Can facility personnel confirm that DHS received equal those on manifest form? ____Yes, ____No.

6) Is there a 24-Hour surveillance system to monitor active portion of facility? ____Yes, ____No. If No, is there an artificial or natural boundary? ____Yes, ____No. Is there a means to control entry? ____Yes, ____No. Is there a restricted access sign posted? ____Yes, ____No.

7) Does facility have: ____emergency equipment inspection log, ____written schedule for inspections, ____security devices, operating & structural prevention equipment?

8) Have facility personnel completed classroom/on-site training? ✓Yes, ____No. Are records maintained of: ____Job titles/names of employees ____job descriptions, ____Type/amount of continuing training?

9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? ____Yes, ____No.

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? ✓Internal communication/alarm system for on-site personnel, ✓device for summoning emergency assistance, ✓adequate fire control equipment, water, & suppression chemicals, ✓list of aforementioned equipment.

2) Does facility have adequate area for emergency movement? ✓Yes, ____No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for: ✓Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ✓Responding emergency units to provide assistance during emergency situations? ✓A list of emergency equipment needed to cope with situation?

2) Are emergency response coordinators listed by name, address, & phone number? ✓Yes, ____No.

3) Is there an evacuation plan if recommended? ✓Yes, ____No.

4) Are emergency coordinators available on twenty-four hour basis? ✓Yes, ____No.

D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)

N/A

Facility has a written operating record which contains the following information:

1) ____description & quantity of DHS received.
2) ____method & date of DHS treatment, storage, or disposal.
3) ____location & quantity at each DHS location in facility.
4) ____detailed records & results of waste analysis & treatability tests performed.
5) ____detailed operating summary reports.
6) ____description of emergency incidents that required implementation of contingency plan.
7) ____records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? ____Yes, ____No.

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)__✓__ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)__✓__ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c)__✓__ sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? __✓__Yes, _____No.
3) Is an inspection log maintained? __✓__Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? __✓__Yes, _____No.
5) Are incompatible wastes placed in separate containers? __✓__Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? __✓__Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
   If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes, _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes, _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes, _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations?
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes, _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No.
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes, _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes, _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
   a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
   b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.13 I? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes, _____No.
2) Is run-off collected from the landfill's active portions? _____Yes, _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____ No.

5) Are the following items maintained in the operating record: _____on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? _____contents of each cell and approximate location of each hazardous waste type within the cell?

6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes: _____ is a leachate collection system available to remove leachate?, and _____is the liquid stabilized or treated physically or chemically prior to disposal?

7) Are empty containers crushed flat or shredded before burial in the landfill? _____Yes, _____No.

8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? _____Yes, _____No. If yes, describe containers on comments below.

9) Are ignitable or reactive wastes placed in a landfill? _____Yes, _____No. If yes: _____Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? _____Are incompatible wastes segregated in different landfill cells?

N/A

M. Incinerator/Thermal Treatment (10.51.05.15 & .16)

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
_____heating value of the waste;
_____halogen content and sulfur in the waste;
_____concentrations of lead and mercury unless documented data is available which show these elements not to be present?

2) Are instruments related to combustion and emission control monitored at least every 15 minutes? _____Yes, _____No.

3) Is the stack plume observed visually at least hourly for color and opacity? _____Yes, _____No, _____N/A.

4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? _____Yes, _____No.

5) Is all of the above information documented in the facility's operating record? _____Yes, _____No.

N/A

N. Chemical, Physical and Biological Treatment (10.51.05.17)

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? _____Yes, _____No.

2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) _____Yes, _____No.

3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? _____Yes, _____No.

4) Is this information recorded in the facility's operating record? _____Yes, _____No.

5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? _____Yes, _____No.

6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? _____Yes, _____No.

7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? _____Yes, _____No.

8) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.

9) Are ignitable or reactive wastes placed in a treatment process? _____Yes, _____No. If yes:
_____Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
_____Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?

10) Are incompatible wastes kept from being placed in the same treatment process or equipment? _____Yes, _____No.

O. Permit Requirements (10.51.07)

1) Does the facility have a DHS permit for its activity? _____Yes, _____No.
If no, has the facility submitted an application for a DHS permit? _____Yes, _____No.

2) List any special Permit requirements that are not in full compliance.

Comments: CONTACT:- Mr [illegible] [illegible]
Mr [illegible] [illegible]
Today a routine RCRA inspection of "[illegible] Fluid Engineering" in [illegible] Rd was conducted in order to determine the compliance under Maryland Controlled Hazardous Substance Regulations.
During the inspection I was accompanied by Mr [illegible] [illegible] [illegible] [illegible] the [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] in the records dealing with Hazardous

spector's Name: Herbert K. [illegible] Title: [illegible] Engineer

cility Location: [illegible] Rd, [illegible], MD

cility Rep. present during insp[illegible]

State of Maryland
Department of the Environment
Hazardous and Solid Waste Management Administration
201 West Preston Street, Baltimore, Maryland 21201

Report of Observations

Type of Inspection/Observations: RCRA Date 8/05/02

Facility Name: Bendix Field Engineering

Remarks: waste.

A review of company's Hazardous Waste Manifests showed that no hazardous waste has been stored in excess of 90 days storage limit

1988 manifests :—

On 3/17/88, 50 gallons of Waste Acid Liquid (D002)
60 lbs of Waste Flammable Liquid (D001)
300 lbs of Non-Regulated material
were removed by "GSX Services" to "GSX Services Inc" in "Laurel, MD"

On 1/14/88, 150 lbs of Waste Flammable Liquid (D001)
50 lbs of Waste, ORM-A N.O.S (F001)
were removed by "GSX Services" to "GSX Services Inc" in "Laurel, MD"

A review of records also showed that Annual reports, Waste analysis reports are kept as required. The generator also has written Contingency Plan & Emergency Procedures.

Finally, an inspection of Hazardous Waste Storage Area revealed no problems. All hazardous waste drums were properly sealed and labelled.

The company "Bendix Field Engineering" fully complys with Maryland's VCHS Regulations.

Observer: Harpreet K. Singh Person Interviewed: [signature] 5/2/02

ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection [redacted]

DATE: 11/25/87

FROM: Vernon Butler, Environmental Engineer
DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

FILE

John A. Armstead, Chief C.B. Thomas for J.A.A. 11/27/87
DELMARVA/DC/WV RCRA Enforcement Section (3HW15)

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING THESE VIOLATIONS.

Attachment

State of Maryland
Department of Health and Mental Hygiene
Office of Environmental Programs
201 W. Preston St., Balto. MD 21201

FT 09-24-AC 0081

YR	MO	DY
87	09	24

DHS Inspection Form
Generators/TSD Facilities

TIME: 11/10

EPA ID Number: MDD041014242

TELEPHONE: 301-964-7063

Owner/Operator ______________ Facility Name BENDIX FIELD ENGINEERING

Address 9250 ROUTE 108 COLOMBIA, MD ~~21044~~ Zip 21045

Description of Work Activity PROVIDES TECHNICAL AND MANAGERIAL ASSISTANCE TO GOVERNMENT AGENSIS

I. Generators

A. Description (10.51.03.01-.03)

1) Does the Facility generate or has it accumulated those quantities of hazardous waste described in 10.51.02.05 C.? ✓ Yes, _____ No.
2) Has the facility obtained an EPA identification number? ✓ Yes, _____ No.
3) Describe the amount of waste generated. (day, week or month) 400 POUND A MONTH
4) Under which category is the waste(s)? ✓ Ignitable _____ Reactive ✓ Corrosive ✓ EP Toxic ✓ RCRA Listed

B. Manifest (10.51.03.04)

1) Is Maryland manifest system in operation for off-site shipment? ✓ Yes, _____ No.
2) Is TSD Facility to receive DHS identified by ✓ Name, ✓ Address, ✓ EPA ID Number?
3) Is alternate facility identified? ✓ Yes, _____ No.
4) Is generator identified by ✓ Name, ✓ Address, ✓ Telephone Number, ✓ MD/EPA ID Number?
5) Is each transporter identified by ✓ Name, ✓ EPA ID Number, ✓ Maryland Certification Number?
6) Is waste property described? ✓ Yes, _____ No.
7) Is shipment date marked? ✓ Yes, _____ No.
8) Is quantity of waste described by ✓ Unit of Weight, ✓ Volume?
9) Are containers to be loaded identified by ✓ Type, ✓ Number?
10) Is proper certification noted and signed by generator? ✓ Yes, _____ No.
11) Are adequate copies available for operator, transporter and TSD? ✓ Yes, _____ No.

C. Pre-Transport Requirements (10.51.03.05)

1) Is each container marked with date accumulation began? ✓ Yes, _____ No. If yes, has any waste been stored over 90 days? _____ Yes, _____ No. How much _____
2) Are containers in good condition? ✓ Yes, _____ No. If no, explain _____
3) Are containers properly labeled? ✓ Yes, _____ No.
4) Does generator have approved emergency contingency plan? ✓ Yes, _____ No.

D. Recordkeeping and Reporting (10.51.03.06)

1) Does the generator have: copies of all signed manifests from the previous three years? ✓ Yes, _____ No; copies of each Annual Report and Exception Report? ✓ Yes, _____ No.
2) Does the generator retain, for a period of three years, all wastes analyses? ✓ Yes, _____ No.
3) Has the generator filed Exception Reports as required by 10.51.03.06 C? _____ Yes, ✓ No.

N/A **II. Treatment, Storage, Disposal (TSD)**

A. Site characterization (10.51.05.02)

1) Facility Type

_____ Thermal Treatment	_____ Biological Treatment
_____ Recycling/Recovery	_____ Land Treatment
_____ Waste Oil	_____ Incineration
_____ Chemical Treatment	_____ Landfill Operation
_____ Physical Treatment	_____ Below Ground Tanks
_____ Open Pile	_____ Other _____
_____ Surface Impoundment	_____
_____ Drums	_____
_____ Above Ground Tank(s)	_____

2) Does facility generate DHS? _____ Yes, _____ No.
3) Does facility have waste analysis plan? _____ Yes, _____ No. If yes, are the procedures of that plan being followed? _____ Yes, _____ No.
4) Can facility personnel identify DHS being handled? _____ Yes, _____ No.
5) Can facility personnel confirm that DHS received equal those on manifest form? _____ Yes, _____ No.
6) Is there a 24-Hour surveillance system to monitor active portion of facility? _____ Yes, _____ No. If No, is there an artificial or natural boundary? _____ Yes, _____ No. Is there a means to control entry? _____ Yes, _____ No. Is there a restricted access sign posted? _____ Yes, _____ No.
7) Does facility have: _____ emergency equipment inspection log, _____ written schedule for inspections, _____ security devices, operating & structural prevention equipment?
8) Have facility personnel completed classroom/on-site training? ✓ Yes, _____ No. Are records maintained of: ✓ Job titles/names of employees ✓ job descriptions, ✓ Type/amount of continuing training?
9) Are general requirements for Ignitable, Reactive or Incompatible Wastes as required in 10.51.05.02 H addressed? _____ Yes, _____ No.

B. Preparedness and Prevention (10.51.05.03)

1) Facility has the following equipment? ✓ Internal communication/alarm system for on-site personnel, ✓ device for summoning emergency assistance, ✓ adequate fire control equipment, water, & suppression chemicals, ✓ list of aforementioned equipment.
2) Does facility have adequate area for emergency movement? ✓ Yes, _____ No.

C. Contingency Plan and Emergency Procedures (10.51.05.04)

1) Does facility have an approved contingency plan for: ✓ Personnel to implement emergency procedures to fire, explosions, and unplanned releases to air, soil and water? ✓ Responding emergency units to provide assistance during emergency situations? ✓ A list of emergency equipment needed to cope with situation?
2) Are emergency response coordinators listed by name, address, & phone number? ✓ Yes, _____ No.
3) Is there an evacuation plan if recommended? ✓ Yes, _____ No.
4) Are emergency coordinators available on twenty-four hour basis? ✓ Yes, _____ No.

N/A ***D. Manifest System, Recordkeeping, and Reporting (10.51.05.05)***

Facility has a written operating record which contains the following information:

1) _____ description & quantity of DHS received.
2) _____ method & date of DHS treatment, storage, or disposal.
3) _____ location & quantity at each DHS location in facility.
4) _____ detailed records & results of waste analysis & treatability tests performed.
5) _____ detailed operating summary reports.
6) _____ description of emergency incidents that required implementation of contingency plan.
7) _____ records & results of inspections of emergency equipment, TSD systems & hazardous waste areas.
8) Has facility retained, for at least 3 years, copies of all manifests? _____ Yes, _____ No.

E. Groundwater Monitoring (10.51.05.06)

1) Has facility implemented a groundwater monitoring program? _____Yes, _____No, _____N/A.
2) Are samples from the groundwater monitoring system being analyzed according to the groundwater sampling and analyses plan? _____Yes, _____No.
3) Is this plan set up in accordance with 10.51.05.06 C? _____Yes, _____No.
4) Has groundwater quality assessment program been prepared? _____Yes, _____No.
5) Are proper groundwater sampling and analyses records kept? _____Yes, _____No.
6) Are the necessary reports on groundwater monitoring information being forwarded to the Secretary? _____Yes, _____No.
7) Do the reports match the facility records? _____Yes, _____No.

F. Closure, Post-closure, and Financial Requirement (10.51.05.07 & .08)

1) Does the facility have an approved closure plan that meets the financial requirements? _____Yes, _____No.
2) For surface impoundments, land treatment, and landfills, does the facility have an approved post-closure plan that meets the financial requirements? _____Yes, _____No.
3) Does facility maintain liability insurance? _____Yes, _____No.

G. Container Management (10.51.05.09)

1) Are all containers: (a)_____ in good condition, i.e., no signs of leakage, corrosion, or any other deterioration/deformation; (b)_____ lined or made of compatible material such that hazardous wastes placed into them will not result in reaction or corrosion; (c)_____ sealed during storage.
2) Are storage areas for hazardous waste containers inspected by owner/operator at least once a week? _____Yes, _____No.
3) Is an inspection log maintained? _____Yes, _____No.
4) Are containers holding ignitable or reactive waste located at least 50 feet from the facility's property line? _____Yes, _____No.
5) Are incompatible wastes placed in separate containers? _____Yes, _____No.
6) Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? _____Yes, _____No.

H. Tanks (10.51.05.10)

1) Are all tanks in good condition, i.e., no signs of leakage, corrosion, or any other deterioration: _____Yes, _____No.
2) Are uncovered tanks operated to ensure a minimum of two feet of freeboard? _____Yes, _____No.
   If not, is tank equipped with a containment structure (e.g., dike or trench), a drainage control system, or a diversion structure (e.g., standby tank) with a capacity that equals or exceeds the volume of top 2 ft. of the tank? _____Yes, _____No.
3) Are tanks with continuous inflow of hazardous waste equipped with a means to stop this inflow (e.g., waste feed cut-off system or by-pass to a standby tank)? _____Yes, _____No.
4) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into tank used for storage or treatment? _____Yes, _____No.
5) Are daily inspections conducted for discharge control equipment (e.g., by-pass systems, waste feed cut-off systems and drainage systems)? _____Yes, _____No.
6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) at least once each operating day? _____Yes, _____No.
7) Is the level of waste in the tank checked at least once each operating day? _____Yes, _____No.
8) Is (are) the tank(s) inspected weekly to detect corrosion or leaking of fixtures or seams? _____Yes, _____No.
9) Are the results of these inspections recorded in an inspection log or summary? _____Yes _____No.
10) Are ignitable or reactive wastes stored in tanks? _____Yes, _____No. If yes:
    a) Is the waste treated, rendered, or mixed before or immediately after placement in the tank so that the resulting waste, mixture, or dissolution of materials no longer meets the definition of ignitable or reactive wastes under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
    b) Is waste stored or treated in such a way that it is protected from material or conditions which may cause the waste to ignite or react? _____Yes, _____No.
    c) Is owner/operator of a facility which treats or stores ignitable or reactive wastes in covered tanks in compliance with the National Fire Protection Association's (NEPA's) buffer zone requirements for tanks contained in tables 2-1 through 2-6 of the "Flammable and Combustible Code—1977"? _____Yes, _____No.

I. Surface Impoundments (10.51.05.11)

1) Is two feet of freeboard maintained in the surface impoundment? _____Yes, _____No.
2) Do all earthen dikes have protective covers (e.g., grass, shale or rock) to minimize wind and water erosion and to preserve dike structural integrity? _____Yes, _____No.
3) Are waste analyses conducted or written documentation obtained before placing a substantially different hazardous waste into a surface impoundment used for storage or treatment? _____Yes, _____No.
4) Is the freeboard level inspected daily? _____Yes, _____No.
5) Is the surface impoundment, including dikes and vegetation, inspected weekly to detect leaks, deterioration, or failures in the impoundment? _____Yes, _____No.
6) Are the results of these inspections recorded in an inspection log or summary? _____Yes, _____No.
7) Are ignitable or reactive wastes stored in a surface impoundment? _____Yes, _____No. If yes:
   a) Is the waste treated, rendered, or mixed before or immediately after placement in the impoundment so that the resulting waste, mixture or dissolution of material no longer meets the definition of ignitable or reactive waste under Parts 261.21 or 261.23 of the RCRA Regulations? _____Yes, _____No.
   b) Are incompatible wastes segregated in separate surface impoundments so that spontaneous reactions are avoided? _____Yes, _____No.

J. Waste Pile (10.51.05.12)

1) Is wind dispersal of the pile controlled? _____Yes, _____No, _____Not Needed.
2) Are additions to the pile being analyzed prior to adding them to the pile? _____Yes, _____No.
3) Is hazardous waste leachate or runoff collected? _____Yes, _____No. Is the pile protected from precipitation and run-on? _____Yes, _____No.
4) Are ignitible or reactive wastes protected from materials or conditions that might cause it to ignite or react? _____Yes, _____No, _____N/A.
5) Are incompatible wastes hauled in a manner as to assure separation? _____Yes, _____No, _____N/A.

K. Land Treatment (10.51.05.13)

1) Will the use of land treatment result in the waste being less hazardous or non-hazardous? _____Yes, _____No.
2) Is run-on diverted away from the active portion of the facility? _____Yes, _____No. Is run-off from the active portion of the facility collected? _____Yes, _____No.
3) Has the proper waste analyses been peformed? _____Yes, _____No.
4) If food chain crops are to be grown on the active portion of the facility has the necessary documentation required been provided? _____Yes, _____No.
5) Has the owner/operator written and implemented an unsaturated zone monitoring plan? _____Yes, _____No.
6) Have the additional requirements for a closure and post-closure plan been addressed? _____Yes, _____No.
7) Are ignitable or reactive wastes immediately incorporated into the soil? _____Yes, _____No.
8) Are incompatible wastes hauled according to 10.51.05.13 I? _____Yes, _____No.

L. Landfills (10.51.05.14)

1) Is run-on diverted away from the facility's active portions? _____Yes, _____No.
2) Is run-off collected from the landfill's active portions? _____Yes, _____No.
3) Has a hazardous waste determination been made on the run-off? (Identification and Listing of Hazardous Waste) _____Yes, _____No.
4) Is the landfill managed so as to control wind dispersal? _____Yes, _____No.

5) Are the following items maintained in the operating record: ______on a map, the exact location and dimensions, including depth, of each cell with respect to permanently surveyed benchmarks? ______contents of each cell and approximate location of each hazardous waste type within the cell?

6) Are bulk, non-containerized or waste containing free liquids placed in the landfill? ______Yes, ______No. If yes: ______ is a leachate collection system available to remove leachate?, and ______is the liquid stabilized or treated physically or chemically prior to disposal?

7) Are empty containers crushed flat or shredded before burial in the landfill? ______Yes, ______No.

8) Are containers holding liquid wastes (or waste containing free liquids placed in the landfill? ______Yes, ______No. If yes, describe containers on comments below.

9) Are ignitable or reactive wastes placed in a landfill? ______Yes, ______No. If yes: ______Is the waste treated, rendered, or mixed before or immediately after placement in the landfill so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive waste? ______Are incompatible wastes segregated in different landfill cells?

N/A **M. *Incinerator/Thermal Treatment (10.51.05.15 & .16)***

1) Prior to burning waste not previously incinerated or thermally processed, does the operator conduct waste analysis for the following:
______heating value of the waste;
______halogen content and sulfur in the waste;
______concentrations of lead and mercury unless documented data is available which show these elements not to be present?

2) Are instruments related to combustion and emission control monitored at least every 15 minutes? ______Yes, ______No.

3) Is the stack plume observed visually at least hourly for color and opacity? ______Yes, ______No, ______N/A.

4) Is the incinerator or thermal process and associated equipment inspected daily for leaks, spills and fugitive emissions? ______Yes, ______No.

5) Is all of the above information documented in the facility's operating record? ______Yes, ______No.

N/A **N. *Chemical, Physical and Biological Treatment (10.51.05.17)***

1) Are all treatment processes or equipment in good condition, i.e., no signs of leakage, corrosion or any other deterioration? ______Yes, ______No.

2) Are treatment processes or equipment with continuous inflow of hazardous waste equipped with a means to stop the inflow? (e.g., waste feed cutoff system or bypass system to a standby containment device) ______Yes, ______No.

3) Are waste analyses performed or written documentation obtained before placing a substantially different hazardous waste into treatment processes or equipment? ______Yes, ______No.

4) Is this information recorded in the facility's operating record? ______Yes, ______No.

5) Are daily inspections conducted for discharge control equipment (e.g., bypass systems, waste feed cutoff systems, drainage systems and pressure relief systems)? ______Yes, ______No.

6) Is data gathered from monitoring equipment (e.g., pressure and temperature gauges) daily? ______Yes, ______No.

7) Are construction materials of the treatment process or equipment and the immediate surrounding area inspected weekly for signs of leakage, corrosion or any other deterioration? ______Yes, ______No.

8) Are the results of these inspections recorded in an inspection log or summary? ______Yes, ______No.

9) Are ignitable or reactive wastes placed in a treatment process? ______Yes, ______No. If yes:
______Are wastes treated, rendered, or mixed before or immediately after placement in the treatment process or equipment so that the resulting waste, mixture, or dissolution of material no longer meets the definition of ignitable or reactive wastes under Section 261.21 or 261.23 of the RCRA Regulations?
______Are wastes treated in such a way that they are protected from any material or conditions which may cause the waste to ignite or react?

10) Are incompatible wastes kept from being placed in the same treatment process or equipment? ______Yes, ______No.

N/A **O. *Permit Requirements (10.51.07)***

1) Does the facility have a DHS permit for its activity? ______Yes, ______No.
If no, has the facility submitted an application for a DHS permit? ______Yes, ______No.

2) List any special Permit requirements that are not in full compliance.

Comments: On the above date the writer made a RCRA inspection and noted the following.
1. Bendix Engineering has generated 4,022.5 pounds of waste in 1986.
2. For the 1985 shipment on the manifest number [illegible]20183 and [illegible]20182 the facility did not receive the facility detached copy to the generator of the manifest, the facility did not file an exception report as required under COMAR 10.51.03.06 C. (3) the facility's containment area for the hazardous waste drums is not constructed in such manner that hazardous waste placed into them will not result in leaching or corrosion as required under COMAR 10.51.05.19. Allied Bendix Engineering [illegible] December 25, 1987 to [illegible] the above mentioned violations.

Inspector's Name: [illegible] Title: P.H. Engineer

Facility Location: Bendix [illegible] Engineering Corporation [illegible] Rd. Columbia MD

Facility Rep. present during inspection: [illegible] Title: Mg. Plant Engineer

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

AUG 25 1980

Certified Mail
Return Receipt Requested

EPA I.D. No: MDD041014242

Dear Notifier:

The U.S. Environmental Protection Agency (EPA) has received the notification which you filed pursuant to Section 3010 of the Resource Conservation and Recovery Act, 42 U.S.C. 6930. Our review of the notification shows that either all pertinent information was not included, it was illegible, or some question exists concerning final disposition of the notification. The box marked below will identify which applies and the appropriate action on your part.

- [X] 1. Pertinent information required was not included. Please complete the items circled in red.
- [ ] 2. The form was illegible. A new Notification Form is being returned to you for completion.
- [ ] 3. You have indicated you do not handle hazardous waste. If you will in the future and would like an EPA I.D. number at this time, please resubmit the enclosed form completing the items circled in red. If you do not respond by the date indicated below your notification will be disregarded.

Please follow the instructions above, return the form and this letter to the following address by Sept. 20, 1980.

U.S. Environmental Protection Agency
RCRA Admin. Support Section
6th & Walnut Streets
Philadelphia, PA. 19106

Respectfully yours,

Shirley D. Bulkin

Shirley D. Bulkin
Chief, RCRA Admin. Support Section
Enforcement Division

Please print or type with ELITE type *(12 characters/inch)* in the unshaded areas only.

Form Approved. OMB No. 158-S790
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a pre label, affix it in the space at left. If any information on the label is incorrect, dra through it and supply the correct info in the appropriate section below. If the complete and correct, leave Items I, II, below blank. If you did not receive a pre label, complete all items. "Installation" r single site where hazardous waste is ger treated, stored and/or disposed of, or a porter's principal place of business. Plea to the INSTRUCTIONS FOR FILING N CATION before completing this form information requested herein is required *(Section 3010 of the Resource Conservat Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS: RCRA SECTION EPA REGION III

INSTALLATION'S EPA I.D. NUMBER: F MDD 041014242 T/A 2 C 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 80 08 18

AUG 18 80 00000036

I. NAME OF INSTALLATION

Bendix Field Engineering Corporation

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 9250 Route 108

CITY OR TOWN: Columbia ST.: Md ZIP CODE: 21045

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 9250 Route 108

CITY OR TOWN: Columbia ST.: Md ZIP CODE: 21045

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: Cservek John Mgr. Plant Engr.

PHONE NO. *(area code & no.)*: 301-730-3700

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: Bendix Corporation

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*: M

F = FEDERAL
M = NON–FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [ ] B. TRANSPORTATION *(complete item VII)*
- [ ] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notifica If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D.:

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

3														T/A	C
W	M	D	D	0	4	1	0	1	4	2	4	2		2	1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F002	F005	F007	F017		
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

- [X] 1. IGNITABLE (D001)
- [X] 2. CORROSIVE (D002)
- [ ] 3. REACTIVE (D003)
- [ ] 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
M. Weingarten	M. Weingarten President & Chairman of the Board	8/14/80